COVID-19: ICU face-to-face update sessions for Anaesthetists

Outline:

- Face-to-face session, PACU A-floor RHH or E-floor NGH, advertised via email and DFA to All Anaesthetic Cons
- Duration around 1h, as and when availability of ICU Consultant or suitable ICM trainee

Things to cover:

- What is known about the clinical course of COVID-19 on ICU. What are the problems to anticipate.
  - See summary of “COVID-19 Disease course”
  - Problems:
    - Hypoxaemia
    - CVS collapse: may be related to high intra-thoracic pressures but also note: Covid-19 cardiomyopathy described (often after initial improvement)
    - More tricky decisions: Bronch, CRRT, ECMO referral, Weaning, Withdrawal, EOL care etc. -> ICU Consultant will help

- Maquet ventilator:
  - General overview and screen functionality
  - Predicted body weight (PBW): Need to input height and gender -> basis for tidal volume target
  - Basic modes to use: PRVC when sick; PS/CPAP when better

- Principles of ARDS management:
  - Can use “Early management of ARDS in Covid-19” summary
  - Problems: low compliance, hypoxaemia etc.
  - Suggested vent settings: Lung-protective ventilation. For details see “Daily COVID-19 checklist”
  - Acceptable parameters: SpO2 and PaO2 targets, accept high PaCO2 (as long as pH> 7.15)
  - Deep sedation and paralysis (how to do this)
  - Importance of restrictive fluid management. Use pressors for hypotension instead (unless clearly hypovolaemic)

- Vasoactive and sedative drugs used on ICU

- Questions and answers